Case 13-27879 Doc 6

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B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Stephanie S. Buckley					
-		Debtor(s)				
Case Number:		13-27879				
		(If known)				

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this
☐ The presumption arises.
☐ The presumption does not arise.
☐ The presumption is temporarily inapplicable.
(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
IA	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and
	☐ I remain on active duty /or/
	☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/
	 I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION (OF MONTHLY INCO	OME FOR § 707(b)(7) EXCLUS	ION		
		al/filing status. Check the box that applied Unmarried. Complete only Column A			as directed.			
	per livir	b. Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.						
2		Married, not filing jointly, without the decl			Complete	both		
		Married, filing jointly. Complete both Cones 3-11.	olumn A ("Debtor's Incon	ne") and Column B ("Spous	e's Income") f	or		
	All figu calend If the a	ures must reflect average monthly income lar months prior to filing the bankruptcy of amount of monthly income varied during to later the result on the appropriate line.	ase, ending on the last day	of the month before the filing.		Column A Debtor's Income	Column B Spouse's Income	
3	Gross	wages, salary, tips, bonuses, overtir	ne, commissions.			\$4,615.38	\$	
4	differe	ne from the operation of a business, p nce in the appropriate column(s) of Line enter aggregate numbers and provide det t include any part of the business exp Gross receipts	4. If you operate more than calls on an attachment. Do no	one business, profession or ot enter a number less than ze				
	b.	Ordinary and necessary business exp	enses	\$0.00				
	C.	Business income	0.1000	Subtract Line b from Line a		\$0.00	\$	
5	in the	and other real property income. Sappropriate column(s) of Line 5. Do not eart of the operating expenses entered Gross receipts Ordinary and necessary operating exp	on Line b as a deduction	o. Do not include				
	C.	Rent and other real property income		Subtract Line b from Line a		\$0.00	\$	
6	Intere	st, dividends, and royalties.				\$0.00	\$	
7	Pensi	on and retirement income.				\$0.00	\$	
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.				\$0.00	\$		
9	Howev was a Colum	rer, if you contend that unemployment co benefit under the Social Security Act, do in A or B, but instead state the amount in	not list the amount of such	or your spouse				
		mployment compensation claimed to benefit under the Social Security Act	Debtor <u>\$0.00</u>	Spouse _\$		\$0.00	\$	
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.							
	a.			0				
	b.			0				
	Tota	l and enter on Line 10			•	\$0.00	\$	
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the			\$4 615 38	s			

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Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.

\$4,615.38

	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$55,384.56			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at the bankruptcy court.) a. Enter debtor's state of residence: UTAH b. Enter debtor's household size: 4	\$69,834.00			
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

	Part IV. CALCULATION OF (CURRENT MONTHLY INCOME FOR § 707(b)(2)			
16	Enter the amount from Line 12.		\$		
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.				
	b.	\$			
	c.	\$			
	Total and enter on Line 17		\$		
18	Current monthly income for § 707(b)(2). Subtract l	ine 17 from Line 16 and enter the result.	\$		

I	Part V. CALCULATION OF DEDUCTIONS FROM INCOME						
		Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
	19A	National Standards: food, clothing, and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$				

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19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.							
	Но	ousehold members under 65 years of ac	је	Но	usehold members 65 yea	rs of age or o	lder	
	a1.	Allowance per member		a2.	Allowance per member			
	b1.	Number of members		b2.	Number of members			
	c1.	Subtotal		c2.	Subtotal			\$
20A	IRS infor size	al Standards: housing and utilities; non-morte Housing and Utilities Standards; non-morte mation is available at www.usdoj.gov/ust/ consists of the number that would currently the number of any additional dependents were supported by the standards.	gage expenses for from the clerk y be allowed as e	or the k of th exemp	applicable county and family e bankruptcy court). The ap	y size. (This plicable family		\$
20B	Local Standards: housing and utilities; mortgage/rent expenses. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$ c. Net mortgage/rental expense Subtract Line b from Line a.					\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						\$	
22A	☑ 0 ☐ 1 ☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census						\$	
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation (This amount is available at					\$		

	of ve	al Standards: transportation ownership/lease expense; Vehicle chicles for which you claim an ownership/lease expense. (You may not specific more than two vehicles.)				
	<u> </u>	2 or more.				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.					
	a.	IRS Transportation Standards, Ownership Costs	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$			\$
	C.	Net ownership/lease expense for Vehicle 1	Subtract Line	e b from Line a.		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 \$ c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. \$ 5 Subtract Line b from Line a. \$ 5 Subtract Line b from Line a. \$ 6 Subtract Line b from Line a. \$ 7 Subtract Line b from Line a. \$ 7 Subtract Line b from Line a. \$ 7 Subtract Line b from Line a. \$ 8 Subtract Line b from Line a. \$ 8 Subtract Line b from Line a. \$ 8 Subtract Line b from Line a. \$ 9 Subtract Line b from Line					
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
26	Other Necessary Expenses: mandatory payroll deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. \$\$					\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments.					\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					\$
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.				\$	
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B.			\$		
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service such as pagers, call waiting, caller id, special long distance, or internet service to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				\$	
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32 \$					

Case 13-27879 Doc 6 Filed 07/25/13 Entered 07/25/13 18:02:02 Desc Main B22A (Official Form 22A) (Chapter 7) (12/10) - Cont Document Page 6 of 8 6 **Subpart B: Additional Living Expense Deductions** Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. Health Insurance \$ b. Disability Insurance \$ \$ Health Savings Account 34 Total and enter on Line 34 \$ If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: Continued contributions to the care of household or family members. Enter the total average actual 35 monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is \$ unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually 36 incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or \$ other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. 37 provide your case trustee with documentation of your actual expenses, and you must demonstrate that \$ reasonable and necessary and not already accounted for in the IRS Standards. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.50* per child, for attendance at a private or public elementary or 38 secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is \$ reasonable and necessary and not already accounted for in the IRS Standards. Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National 39 Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is \$ reasonable and necessary. Continued charitable contributions. Enter the amount that you will continue to contribute in the 40 \$ form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). 41 \$ Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 **Subpart C: Deductions for Debt Payment Future payments on secured claims.** For each of your debts that is secured by an interest in proprerty that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. 42

Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?
		\$	☐ yes ☐no
		\$	☐ yes ☐no
		\$	☐ yes ☐no
		\$	☐ yes ☐no
		\$	☐ yes ☐no
		Total: Add Lines a - e	
	Name of Creditor	Name of Creditor Property Securing the Debt	Monthly Payment \$ \$ \$ \$ \$

\$

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☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

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		PART VII.	ADDITIONAL	EXPENSE CLAIMS		
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
56		Expense Description		Monthly Amount		
56	a.			\$		
	b.			\$		
	C.			\$		
		Total: Add L	ines a, b, and c	\$		
		F	Part VIII: VERI	FICATION		
		re under penalty of perjury that the information betors must sign.)	n provided in this sta	atement is true and correct. (If this a joint case,		
57	Date: _	07/25/2013 Signature: _/	Stephanie (Debtor)	e S. Buckley		
	Date: _	07/25/2013 Signature:	(Joint Debtor, if any	у)		

^{*}Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.